

**COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY**
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
2221/1030 (RU-339CIP)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ENZYMES DERIVED FROM THERMOPHILIC ORGANISMS THAT FUNCTION AS A CHROMOSOMAL
REPLICASE, PREPARATION AND USE THEREOF**

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as U.S. Patent Application Serial No. 09/716,964 on November 21, 2000 and was amended on _____ (if applicable).
- ☐ was filed as PCT International Application No. _____ on _____ and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/043,202	8-APRIL-1997	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

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U.S. APPLICATIONS		STATUS (Check One)			
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
09/642,218	August 18, 2000		<input checked="" type="checkbox"/>		
09/057,416	April 8, 1998			<input checked="" type="checkbox"/>	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continue)				ATTORNEY'S DOCKET NUMBER 22221/1030 (RU-339CIP)
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Send Correspondence to: Michael L. Goldman NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603			Direct Telephone Calls to: (name and telephone number) Michael L. Goldman (716) 263-1304	
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME O'Donnell	FIRST GIVEN NAME Michael	SECOND GIVEN NAME E.
	RESIDENCE & CITIZENSHIP	CITY Hastings-on-Hudson	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 16 Maple Lane	CITY Hastings-on-Hudson	STATE & ZIP CODE/CTRY New York 10706/USA
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME Yuzhakov	FIRST GIVEN NAME Alexander	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Malden	STATE/FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP Russia
	POST OFFICE ADDRESS	P.O. ADDRESS 25 Bayrd Street	CITY Malden	STATE & ZIP CODE/CTRY Massachusetts 02148/USA
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Yurlova	FIRST GIVEN NAME Olga	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP Russia
	POST OFFICE ADDRESS	P.O. ADDRESS 430 East 63 rd Str., Apt. 3G	CITY New York	STATE & ZIP CODE/CTRY New York 10021/USA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME Jeruzalim	FIRST GIVEN NAME David	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <i>Cambridge</i> <i>New York</i>	STATE/FOREIGN COUNTRY <i>Massachusetts</i>	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS <i>205 Walden</i> <i>1161 York Avenue, #111</i>	CITY <i>Cambridge</i> <i>New York</i>	STATE & ZIP CODE/CTRY <i>Massachusetts</i> <i>New York 10021/USA</i>
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME Bruck	FIRST GIVEN NAME Irina	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 1161 York Avenue, Apt. 11M	CITY New York	STATE & ZIP CODE/CTRY New York 10021/USA
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME Kurlyan	FIRST GIVEN NAME John	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Berkeley	STATE/FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 936 Oxford Street	CITY Berkeley	STATE & ZIP CODE/CTRY California 94707/USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204 <i>David M. Mezger</i>	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE 3/11/03	DATE	DATE

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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME O'Donnell	FIRST GIVEN NAME Michael	SECOND GIVEN NAME E.
	RESIDENCE & CITIZENSHIP	CITY Hastings-on-Hudson	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 16 Maple Lane	CITY Hastings-on-Hudson	STATE & ZIP CODE/CTRY New York 10706/USA
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME Yuzhakov	FIRST GIVEN NAME Alexander	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Malden	STATE/FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP United States (from 11/07/02)
	POST OFFICE ADDRESS	P.O. ADDRESS 25 Bayrd Street	CITY Malden	STATE & ZIP CODE/CTRY Massachusetts 02148/USA
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Yurleva	FIRST GIVEN NAME Olga	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP Russia
	POST OFFICE ADDRESS	P.O. ADDRESS 430 East 63 rd Str., Apt. 3G	CITY New York	STATE & ZIP CODE/CTRY New York 10021/USA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME Jeruzalmi	FIRST GIVEN NAME David	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
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2 0 5	FULL NAME OF INVENTOR	FAMILY NAME Brack	FIRST GIVEN NAME Irina	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
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2 0 6	FULL NAME OF INVENTOR	FAMILY NAME Kuriyan	FIRST GIVEN NAME John	SECOND GIVEN NAME
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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202 <i>Alexander Yushakov</i>	SIGNATURE OF INVENTOR 203
DATE	DATE <i>03/12/03</i>	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

**COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY**
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U.S. APPLICATIONS		STATUS (Check One)			
U.S. APPLICATION NUMBER		U.S. FILING DATE	PATENTED	PENDING	ABANDONED
09/642,218		August 18, 2000		X	
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Page 1 of 2

**COMBINED DECLARATION FOR PATENT APPLICATION
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Send Correspondence to:

**Michael L. Goldman
NIXON PEABODY LLP
Clinton Square, P.O. Box 31051
Rochester, New York 14603**

**Direct Telephone Calls to:
(name and telephone number)
Michael L. Goldman
(716) 263-1304**

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME O'Donnell	FIRST GIVEN NAME Michael	SECOND GIVEN NAME E.
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	RESIDENCE & CITIZENSHIP	CITY Malden	STATE/FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP Russia
	POST OFFICE ADDRESS	P.O. ADDRESS 25 Bayrd Street	CITY Malden	STATE & ZIP CODE/CTRY Massachusetts 02148/USA
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Yurieva	FIRST GIVEN NAME Olga	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP Russia
	POST OFFICE ADDRESS	P.O. ADDRESS 430 East 63 rd Str., Apt. 3G	CITY New York	STATE & ZIP CODE/CTRY New York 10021/USA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME Jeruzalmi	FIRST GIVEN NAME David	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 1161 York Avenue, #111	CITY New York	STATE & ZIP CODE/CTRY New York 10021/USA
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME Bruck	FIRST GIVEN NAME Irina	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 1161 York Avenue, Apt. 11M	CITY New York	STATE & ZIP CODE/CTRY New York 10021/USA
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	RESIDENCE & CITIZENSHIP	CITY Berkeley	STATE/FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP United States
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SIGNATURE OF INVENTOR 201 <i>Mike Donald</i>	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 <i>W. J. [unclear]</i>
DATE 2/14/2003	DATE	DATE 2/14/03
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205 <i>[Signature]</i>	SIGNATURE OF INVENTOR 206
DATE	DATE 2/14/03	DATE

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	RESIDENCE & CITIZENSHIP	CITY Berkeley	STATE/FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 620 San 936 Oxford Street — Luis Rd	CITY Berkeley	STATE & ZIP CODE/CTRY California 94707/USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE 3/14/03

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